| Facility Name   | ERIN'S SUNSHINE DAYCARE      | Contact         | DRESEN, ERIN      | Full Time           | Υ                                  |
|-----------------|------------------------------|-----------------|-------------------|---------------------|------------------------------------|
| Address         | 1740 Monroe St               | Phone #         | 608-822-4402      | LICENSED Capaci     |                                    |
|                 | Fennimore, Wi 53809-2128     |                 |                   | •                   |                                    |
|                 |                              | LICENSED Date   | 12/28/2009        | From Age            | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | LICENSED FAMILY              | Months          | Jan-Dec           | To Age              | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 1014843                      | Hours           | 06:30 AM-05:30 PM | Star Level          | 2 Stars                            |
| Provider Number | 7000585387                   | Location Number | 001               |                     |                                    |
| Facility Name   | FIRST STEP PRESCHOOL DAYCARE | Contact         | ANDERSON, MELISSA | Full Time           | Υ                                  |
| Address         | 1660 7th St                  | Phone #         | 608-732-1038      | LICENSED Capaci     | ty 8                               |
|                 | Fennimore, Wi 53809          | LICENSED Date   | 04/28/2010        | From Age            | 0 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED FAMILY              | Months          | Jan-Dec           | To Age              | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 1015213                      | Hours           | 06:00 AM-06:00 PM | Star Level          | Not Rated                          |
| Provider Number | 4000579754                   | Location Number | 003               |                     |                                    |
| Facility Name   | HUG A BUNCH DAYCARE          | Contact         | CLAYTON, LYNETTE  | Full Time           | Υ                                  |
| Address         | 1040 N Water St              | Phone #         | 608-348-3260      | LICENSED Capacity 8 |                                    |
|                 | Platteville, Wi 53818        | LICENSED Date   | 06/20/1997        | From Age            | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | LICENSED FAMILY              | Months          | Jan-Dec           | To Age              | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 1005474                      | Hours           | 07:00 AM-06:00 PM | Star Level          | Not Rated                          |
| Provider Number | 6000559576                   | Location Number | 001               |                     |                                    |
| Facility Name   | JENNY'S FAMILY DAYCARE       | Contact         | HOCHHAUSEN, JENNY | Full Time           | Υ                                  |
| Address         | 5424 Sand Lake Ln            | Phone #         | 608-725-5808      | LICENSED Capaci     | ty 8                               |
|                 | Cassville, Wi 53806          | LICENSED Date   | 12/16/1997        | From Age            | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | LICENSED FAMILY              | Months          | Jan-Dec           | To Age              | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 131828                       | Hours           | 05:00 AM-06:00 PM | Star Level          | 2 Stars                            |
| Provider Number | 2000561732                   | Location Number | 001               |                     |                                    |
| Facility Name   | KIDDIE CABOOSE               | Contact         | ARNDT, CYNTHIA    | Full Time           | Υ                                  |
| Address         | 860 Garfield                 | Phone #         | 608-822-6557      | LICENSED Capaci     | ty 8                               |
|                 | Fennimore, Wi 53809          | LICENSED Date   | 06/20/1997        | From Ago            | 0 Year(s), 0 Month(s), 4 Week(s)   |
| Catagory        | LICENSED FAMILY              |                 | Jan-Dec           | From Age            |                                    |
| Category        |                              | Months          |                   | To Age              | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 130766                       | Hours           | 06:00 AM-06:00 PM | Star Level          | 3 Stars                            |
| Provider Number | 2000559532                   | Location Number | 001               |                     |                                    |

| Facility Name   | KIDS' CORNER                             | Contact                | JACKSON, CONNIE    | Full Time           | Υ  |
|-----------------|--|------------------------|--------------------|---------------------|--|
| Address         | 1380 Grant St                            | Phone #                | 608-822-6028       | LICENSED Capa       | acity 8  |
|                 | Fennimore, Wi 53809                      | LICENSED Date          | 06/14/1997         | From Age            | 0 Year(s), 0 Month(s), 4 Week(s)   |
| Category        | LICENSED FAMILY                          | Months                 | Jan-Dec            | To Age              | 12 Year(s), 11 Month(s), 0 Week(s)   |
| Facility ID     | 131041                                   | Hours                  | 06:00 AM-06:00 PM  | Star Level          | Not Rated  |
| Provider Number | 8000559028                               | Location Number        | 001                |                     |  |
| Facility Name   | KIDZ KORNER                              | Contact                | BAUSCH, DARCEY     | Full Time           | Υ  |
| Address         | 11768 Rock School Rd                     | Phone #                | 608-794-2995       | LICENSED Capa       | acity 8  |
|                 | Glen Haven, Wi 53810                     | LIOENOED D.A.          | 40/00/0000         | F A                 | 0 \( \lambda = \sigma(\sigma) \) \( \text{O Magatha(s)} \) \( \text{O Magatha(s)} \) |
|                 |  | LICENSED Date          | 12/03/2003         | From Age            | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | LICENSED FAMILY                          | Months                 | Jan-Dec            | To Age              | 12 Year(s), 11 Month(s), 0 Week(s)   |
| Facility ID     | 1007365                                  | Hours                  | 07:00 AM-05:30 PM  | Star Level          | 2 Stars  |
| Provider Number | 2000564782                               | Location Number        | 002                |                     |  |
| Facility Name   | KING CARE                                | Contact                | KING, JUDY         | Full Time           | Υ  |
| Address         | 2178 Elm St                              | Phone #                | 608-568-7925       | LICENSED Capacity 8 |  |
|                 | Kieler, Wi 53812-8002                    | LICENSED Date          | 06/20/1997         | From Age            | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | LICENSED FAMILY                          | Months                 | Jan-Dec            | To Age              | 11 Year(s), 11 Month(s), 0 Week(s)   |
| Facility ID     | 131103                                   | Hours                  | 06:30 AM-06:30 PM  | Star Level          | Not Rated  |
| Provider Number | 4000559584                               | Location Number        | 00.30 AW-00.30 T W | Star Lever          | Not Nateu  |
|                 |  |                        |                    | Full Time           | Υ  |
| Facility Name   | LANGE'S FAMILY DAYCARE                   | Contact                | LANGE, VONDA       | Full Time           |  |
| Address         | 255 Carlisle St<br>Platteville, Wi 53818 | Phone #                | 608-642-3381       | LICENSED Capa       | acity 8  |
|                 | r latteville, vvi ooo to                 | LICENSED Date          | 06/20/1997         | From Age            | 0 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED FAMILY                          | Months                 | Jan-Dec            | To Age              | 10 Year(s), 11 Month(s), 0 Week(s)   |
| Facility ID     | 1001917                                  | Hours                  | 06:30 AM-05:30 PM  | Star Level          | 2 Stars  |
| Provider Number | 5000559585                               | <b>Location Number</b> | 001                |                     |  |
| Facility Name   | LEXA'S LITTLES                           | Contact                | ROTH, LEXA L       | Full Time           | Υ  |
| Address         | 610 Superior St                          | Phone #                | 608-391-1994       | LICENSED Capa       | acity 8  |
|                 | Boscobel, Wi 53805-1410                  | LICENSED Deta          | 02/25/2021         | Erom Ass            | 0 Voor(s) 0 Month(s) 0 Mont(s)   |
| Cotomomi        | LICENSED FAMILY                          | LICENSED Date          |                    | From Age            | 0 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED FAMILY                          | Months                 | Jan-Dec            | To Age              | 5 Year(s), 11 Month(s), 0 Week(s)  |
| Facility ID     | 2005327                                  | Hours                  | 07:30 AM-05:00 PM  | Star Level          | Not Rated  |
| Provider Number | 9000590279                               | Location Number        | 001                |                     |  |

| Facility Name   | LITTLE BLOOMERS FAMILY DAYCARE | Contact                | BLOOM, LYNNETTE     | Full Time       | Υ                                  |
|-----------------|--------------------------------|------------------------|---------------------|-----------------|------------------------------------|
| Address         | 1621 County Road B             | Phone #                | 608-778-9246        | LICENSED Capaci | ty 8                               |
|                 | Platteville, Wi 53818          | LICENSED Date          | 11/24/1999          | From Age        | 0 Year(s), 0 Month(s), 2 Week(s)   |
| Category        | LICENSED FAMILY                | Months                 | Jan-Dec             | To Age          | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 1002034                        | Hours                  | 05:30 AM-05:30 PM   | Star Level      | 2 Stars                            |
| Provider Number | 2000559722                     | Location Number        | 001                 |                 |                                    |
| Facility Name   | MATHEWS FAMILY DAYCARE         | Contact                | MATHEWS, ABIGAIL    | Full Time       | Υ                                  |
| Address         | 18327 Hwy G                    | Phone #                | 608-485-2299        | LICENSED Capaci | ty 8                               |
|                 | Muscoda, Wi 53573              | LICENSED Date          | 08/06/2013          | From Age        | 0 Year(s), 0 Month(s), 0 Week(s)   |
| Catagony        | LICENSED FAMILY                | Months                 | Jan-Dec             | •               |                                    |
| Category        |                                |                        |                     | To Age          | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 2001306                        | Hours                  | 05:30 AM-05:30 PM   | Star Level      | 2 Stars                            |
| Provider Number | 0000587860                     | Location Number        | 001                 |                 |                                    |
| Facility Name   | NEIS FAMILY DAY CARE           | Contact                | NEIS, LISA          | Full Time       | Υ                                  |
| Address         | 680 Broadway St                | Phone #                | 608-732-3393        | LICENSED Capaci | ty 8                               |
|                 | Platteville, Wi 53818-2317     | LICENSED Date          | 04/18/2002          | From Age        | 0 Year(s), 0 Month(s), 4 Week(s)   |
| Category        | LICENSED FAMILY                | Months                 | Jan-Dec             | To Age          | 9 Year(s), 11 Month(s), 0 Week(s)  |
| Facility ID     | 1005154                        | Hours                  | 06:00 AM-06:00 PM   | Star Level      | 2 Stars                            |
| Provider Number | 8000573068                     | <b>Location Number</b> | 001                 |                 |                                    |
| Facility Name   | SANDY'S DAY CARE               | Contact                | ALLEN, SANDRA       | Full Time       | Υ                                  |
| Address         | 120 Maple Dr                   | Phone #                | 608-732-3199        | LICENSED Capaci | ty 8                               |
|                 | Platteville, Wi 53818          | LICENSED Date          | 06/20/1997          | From Age        | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | LICENSED FAMILY                | Months                 | Jan-Dec             | To Age          | 9 Year(s), 11 Month(s), 0 Week(s)  |
| Facility ID     | 1002201                        | Hours                  | 07:15 AM-05:15 PM   | Star Level      | Not Rated                          |
| Provider Number | 1000559561                     | Location Number        | 001                 |                 |                                    |
| Facility Name   | SHARON'S DAYCARE               | Contact                | SCHIFFMAN, SHARON L | Full Time       | Υ                                  |
| Address         | 418 E Amelia St                | Phone #                | 608-725-5010        | LICENSED Capaci | ty 8                               |
|                 | Cassville, Wi 53806            | LICENSED Data          | 05/24/2007          | Erom Are        | 0 Voor(s) 0 Month(s) 6 Monk(s)     |
| Catamama        | LICENSED FAMILY                | LICENSED Date          |                     | From Age        | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | LICENSED FAMILY                | Months                 | Jan-Dec             | To Age          | 17 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 1011860                        | Hours                  | 06:30 AM-06:30 PM   | Star Level      | 2 Stars                            |
| Provider Number | 7000579447                     | Location Number        | 001                 |                 |                                    |

| Provider Number | 4000588314                 | Location Number        | 001               |                   |                                    |
|-----------------|----------------------------|------------------------|-------------------|-------------------|------------------------------------|
| Facility ID     | 2002220                    | Hours                  | 05:30 AM-05:30 PM | Star Level        | 2 Stars                            |
| Category        | LICENSED FAMILY            | Months                 | Jan-Dec           | To Age            | 11 Year(s), 11 Month(s), 0 Week(s) |
|                 | Livingston, Wi 53554-9759  | LICENSED Date          | 02/17/2015        | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Address         | 130 S Franklin St          | Phone #                | 608-574-2102      | LICENSED Capacity | 8                                  |
| Facility Name   | WALMER'S FAMILY DAYCARE    | Contact                | WALMER, BILLIE JO | Full Time         | Υ                                  |
| Provider Number | 3000588753                 | <b>Location Number</b> | 001               |                   |                                    |
| Facility ID     | 2002651                    | Hours                  | 07:00 AM-05:30 PM | Star Level        | Not Rated                          |
| Category        | LICENSED FAMILY            | Months                 | Jan-Dec           | To Age            | 11 Year(s), 11 Month(s), 0 Week(s) |
|                 | Platteville, Wi 53818-1830 | LICENSED Date          | 01/06/2016        | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Address         | 895 Siemers St             | Phone #                | 608-778-7737      | LICENSED Capacity | 8                                  |
| Facility Name   | TRISHA'S TYKES DAYCARE     | Contact                | KLEIN, TRISHA     | Full Time         | Υ                                  |

| Facility Name   | COUNTRY CARE CHILDREN'S CENTER LLC            | Contact                | PITZEN, GAIL      | Full Time         | Υ                                  |
|-----------------|---|------------------------|-------------------|-------------------|------------------------------------|
| Address         | 3514 Pitzen Ln<br>Cuba City, Wi 53807-9732    | Phone #                | 608-778-8024      | LICENSED Capacity | 45                                 |
|                 | Cuba City, VVI 33007-3732                     | LICENSED Date          | 09/05/2017        | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | LICENSED GROUP                                | Months                 | Jan-Dec           | To Age            | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 2003600                                       | Hours                  | 05:45 AM-06:00 PM | Star Level        | 3 Stars                            |
| Provider Number | 9000589269                                    | <b>Location Number</b> | 001               |                   |                                    |
| Facility Name   | FRIENDLY FROGS CHILD CARE LLC                 | Contact                | CARNS, BRENNA     | Full Time         | Y                                  |
| Address         | 1190 Big Jack Rd<br>Platteville, Wi 53818     | Phone #                | 608-348-8200      | LICENSED Capacity | 94                                 |
|                 | *   | LICENSED Date          | 08/17/2010        | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | LICENSED GROUP                                | Months                 | Jan-Dec           | To Age            | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 1015575                                       | Hours                  | 06:00 AM-06:00 PM | Star Level        | 2 Stars                            |
| Provider Number | 4000583924                                    | <b>Location Number</b> | 002               |                   |                                    |
| Facility Name   | GIGGLES AND WIGGLES DAYCARE CTR LL            | Contact                | DENMAN, HOLLY     | Full Time         | Υ                                  |
| Address         | 507 E Elm St<br>Lancaster, Wi 53813           | Phone #                | 608-723-2852      | LICENSED Capacity | 29                                 |
|                 |   | LICENSED Date          | 09/02/2008        | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | LICENSED GROUP                                | Months                 | Jan-Dec           | To Age            | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 1013430                                       | Hours                  | 07:00 AM-05:30 PM | Star Level        | Not Rated                          |
| Provider Number | 6000585686                                    | <b>Location Number</b> | 001               |                   |                                    |
| Facility Name   | GREAT BEGINNINGS LEARNING CTR LLC             | Contact                | SMITH, NICOLE     | Full Time         | Υ                                  |
| Address         | 1285 N 2nd St<br>Platteville, Wi 53818        | Phone #                | 608-348-7003      | LICENSED Capacity | 61                                 |
|                 |   | LICENSED Date          | 08/23/2010        | From Age          | 0 Year(s), 0 Month(s), 2 Week(s)   |
| Category        | LICENSED GROUP                                | Months                 | Jan-Dec           | To Age            | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 1015579                                       | Hours                  | 06:30 AM-06:30 PM | Star Level        | 4 Stars                            |
| Provider Number | 3000585773                                    | <b>Location Number</b> | 001               |                   |                                    |
| Facility Name   | IMAGINATION STATION LLC                       | Contact                | MCNAIR, MARY      | Full Time         | Υ                                  |
| Address         | 52 Means Dr 106<br>Platteville, Wi 53818-3837 | Phone #                | 608-348-6369      | LICENSED Capacity | 27                                 |
|                 | •   | LICENSED Date          | 12/05/2012        | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | LICENSED GROUP                                | Months                 | Jan-Dec           | To Age            | 13 Year(s), 7 Month(s), 0 Week(s)  |
| Facility ID     | 2000938                                       | Hours                  | 05:30 AM-05:45 PM | Star Level        | 3 Star                             |
| Provider Number | 4000587564                                    | <b>Location Number</b> | 001               |                   |                                    |

| Facility Name   | IN THE BEGINNING CHILD CARE AND LEAR     | Contact         | HOLEN, BETHANY     | Full Time         | Y                                  |
|-----------------|--|-----------------|--------------------|-------------------|------------------------------------|
| Address         | 310 2nd St                               | Phone #         | 608-375-2887       | LICENSED Capacity | 50                                 |
|                 | Boscobel, Wi 53805-1164                  | LICENSED Date   | 10/26/2012         | From Age          | 0 Year(s), 0 Month(s), 0 Week(s)   |
| Catagory        | LICENSED GROUP                           | Months          | Jan-Dec            | •                 | 12 Year(s), 11 Month(s), 0 Week(s) |
| Category        |  |                 |                    | To Age            |                                    |
| Facility ID     | 2000950                                  | Hours           | 04:45 AM-06:00 PM  | Star Level        | 2 Star                             |
| Provider Number | 8000587518                               | Location Number | 001                |                   |                                    |
| Facility Name   | JUST 4 KIDZ LLC                          | Contact         | BERNING, GABRIELLE | Full Time         | Υ                                  |
| Address         | 202 S Washington<br>Cuba City, Wi 53807  | Phone #         | 608-744-2539       | LICENSED Capacity | 50                                 |
|                 | Cuba City, Wi 55007                      | LICENSED Date   | 10/18/2010         | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | LICENSED GROUP                           | Months          | Jan-Dec            | To Age            | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 1015736                                  | Hours           | 05:30 AM-05:30 PM  | Star Level        | 3 Stars                            |
| Provider Number | 7000585897                               | Location Number | 001                |                   |                                    |
| Facility Name   | LANCASTER PRESCHOOL                      | Contact         | ADDISON, BROOKE    | Full Time         | -                                  |
| Address         | 216 S Monroe St                          | Phone #         | 608-723-6612       | LICENSED Capacity | 22                                 |
|                 | Lancaster, Wi 53813                      | LICENSED Date   | 01/01/1997         | From Ago          | 2 Year(s), 6 Month(s), 0 Week(s)   |
| Coto mam.       | LICENSED GROUP                           |                 |                    | From Age          |                                    |
| Category        |  | Months          | Sep-May            | To Age            | 5 Year(s), 11 Month(s), 0 Week(s)  |
| Facility ID     | 120240                                   | Hours           | 07:45 AM-          | Star Level        | Not Rated                          |
| Provider Number | 3000564783                               | Location Number | 002                |                   |                                    |
| Facility Name   | LITTLE PRINTS LEARNING CENTER LLC        | Contact         | JOHNSON, BECKY     | Full Time         | Υ                                  |
| Address         | 131 Alona Ln<br>Lancaster, Wi 53813-2126 | Phone #         | 608-723-4045       | LICENSED Capacity | 26                                 |
|                 | Lancaster, Wi 556 15-2 120               | LICENSED Date   | 04/01/2016         | From Age          | 0 Year(s), 0 Month(s), 2 Week(s)   |
| Category        | LICENSED GROUP                           | Months          | Jan-Dec            | To Age            | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 2002826                                  | Hours           | 05:00 AM-09:00 PM  | Star Level        | 2 Stars                            |
| Provider Number | 5000588825                               | Location Number | 001                |                   |                                    |
| Facility Name   | MAPLE STREET KIDS DAYCARE INC            | Contact         | FRY, HEATHER       | Full Time         | Υ                                  |
| Address         | 925 W Maple St                           | Phone #         | 608-723-6611       | LICENSED Capacity |                                    |
|                 | Lancaster, Wi 53813                      |                 | 00/04/4007         |                   |                                    |
|                 | LIGHNOFF ORGUR                           | LICENSED Date   | 06/24/1997         | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | LICENSED GROUP                           | Months          | Jan-Dec            | To Age            | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 120626                                   | Hours           | 06:30 AM-06:00 PM  | Star Level        | 3 Stars                            |
| Provider Number | 8000559698                               | Location Number | 001                |                   |                                    |

| Facility Name   | PJ'S DAYCARE LLC                               | Contact                | MILES, PEGGY       | Full Time         | Y                                  |
|-----------------|--|------------------------|--------------------|-------------------|------------------------------------|
| Address         | 1505 Lafollette St<br>Fennimore, Wi 53809-9559 | Phone #                | 608-822-4224       | LICENSED Capacity | 26                                 |
|                 |  | LICENSED Date          | 09/08/2015         | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | LICENSED GROUP                                 | Months                 | Jan-Dec            | To Age            | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 2002528  | Hours                  | 05:00 AM-06:30 PM  | Star Level        | 3 Stars                            |
| Provider Number | 1000588641                                     | <b>Location Number</b> | 001                |                   |                                    |
| Facility Name   | PRECIOUS TIME PRESCHOOL AND DAYCAR             | Contact                | HAWES, HILARY      | Full Time         | Y                                  |
| Address         | 500 S Johnson St<br>Montfort, Wi 53569-9406    | Phone #                | 608-943-8469       | LICENSED Capacity | 36                                 |
|                 | Worldorf, Wi 00000 0400                        | LICENSED Date          | 01/30/2008         | From Age          | 0 Year(s), 0 Month(s), 6 Week(s)   |
| Category        | LICENSED GROUP                                 | Months                 | Jan-Dec            | To Age            | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 1008122  | Hours                  | 06:00 AM-05:30 PM  | Star Level        | 2 Stars                            |
| Provider Number | 3000583363                                     | <b>Location Number</b> | 001                |                   |                                    |
| Facility Name   | SNUG AS A BUG CHILD CARE CENTER                | Contact                | TROESTER, RENEE    | Full Time         | Y                                  |
| Address         | 202 W Troy St<br>Cuba City, Wi 53807-1070      | Phone #                | 608-642-0201       | LICENSED Capacity | 66                                 |
|                 | casa chy, whose in terms                       | LICENSED Date          | 06/21/2011         | From Age          | 0 Year(s), 0 Month(s), 4 Week(s)   |
| Category        | LICENSED GROUP                                 | Months                 | Jan-Dec            | To Age            | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 1016135  | Hours                  | 07:00 AM-05:30 PM  | Star Level        | 3 Star                             |
| Provider Number | 5000576125                                     | <b>Location Number</b> | 004                |                   |                                    |
| Facility Name   | SWCAP BOSCOBEL HEAD START                      | Contact                | JOHNSTON, CHRISTIE | Full Time         | Y                                  |
| Address         | 400 Johnson St<br>Boscobel, Wi 53805-1186      | Phone #                | 608-375-2381       | LICENSED Capacity | 28                                 |
|                 | 2000000, 00000 1.00                            | LICENSED Date          | 10/03/2005         | From Age          | 0 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP                                 | Months                 | Jan-Dec            | To Age            | 5 Year(s), 11 Month(s), 0 Week(s)  |
| Facility ID     | 1009758  | Hours                  | 07:50 AM-01:30 PM  | Star Level        | 5 Stars                            |
| Provider Number | 1000577931                                     | <b>Location Number</b> | 020                |                   |                                    |
| Facility Name   | SWCAP BOSCOBEL HS 4K                           | Contact                | ROEN, LIBERTY      | Full Time         | Y                                  |
| Address         | 201 Buchanan St<br>Boscobel, Wi 53805-1734     | Phone #                | 608-553-1541       | LICENSED Capacity | 15                                 |
|                 | ·  | LICENSED Date          | 09/04/2018         | From Age          | 4 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP                                 | Months                 | Jan-Dec            | To Age            | 5 Year(s), 11 Month(s), 0 Week(s)  |
| Facility ID     | 2004166  | Hours                  | 07:45 AM-11:45 AM  | Star Level        | 5 Stars                            |
| Provider Number | 1000577931                                     | <b>Location Number</b> | 030                |                   |                                    |

| Facility Name   | CIAICAD EENIMAODE LIEAD CTADT                       | Comtont                | EDOLINE CAMANITUA | Full Times     |                                    |
|-----------------|---|------------------------|-------------------|----------------|------------------------------------|
| Facility Name   | SWCAP FENNIMORE HEAD START                          | Contact                | FROHNE, SAMANTHA  | Full Time      | -<br>                              |
| Address         | 1505 Lafollette St Rm 4<br>Fennimore, Wi 53809-9559 | Phone #                | 608-553-1555      | LICENSED Capac | ity 13                             |
|                 | Terminore, Wi 30003 3003                            | LICENSED Date          | 08/16/2010        | From Age       | 3 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP                                      | Months                 | Aug-May           | To Age         | 5 Year(s), 11 Month(s), 0 Week(s)  |
| Facility ID     | 1015406   | Hours                  | 07:00 AM-04:30 PM | Star Level     | 5 Stars                            |
| Provider Number | 1000577931  | <b>Location Number</b> | 026               |                |                                    |
| Facility Name   | SWCAP HEAD START LANCASTER                          | Contact                | HERTRAMPF, JENNA  | Full Time      | -                                  |
| Address         | 925 W Maple St                                      | Phone #                | 608-723-4074      | LICENSED Capac | ity 19                             |
|                 | Lancaster, Wi 53813                                 | LICENSED Date          | 11/01/1997        | From Age       | 3 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP                                      | Months                 | Aug-May           | To Age         | 5 Year(s), 11 Month(s), 0 Week(s)  |
| Facility ID     | 120767  | Hours                  | 07:00 AM-04:00 PM | Star Level     | 5 Stars                            |
| Provider Number | 1000577931  | Location Number        | 001               | Star Lever     | 3 Stais                            |
|                 | SWCAP HEAD START PLATTEVILLE                        |                        | BROWN, LAURA      | Full Time      | Υ                                  |
| Facility Name   | 110 W Adams   | Contact                |                   |                | ·                                  |
| Address         | Platteville, Wi 53818                               | Phone #                | 608-553-1553      | LICENSED Capac | ity 30                             |
|                 |   | LICENSED Date          | 11/01/1999        | From Age       | 0 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP                                      | Months                 | Jan-Dec           | To Age         | 5 Year(s), 11 Month(s), 0 Week(s)  |
| Facility ID     | 1003391   | Hours                  | 07:00 AM-04:00 PM | Star Level     | 5 Stars                            |
| Provider Number | 1000577931  | <b>Location Number</b> | 003               |                |                                    |
| Facility Name   | SWCAP MUSCODA HEAD START                            | Contact                | BEDWARD, CRYSTAL  | Full Time      | -                                  |
| Address         | 800 N 6th St  | Phone #                | 608-553-1532      | LICENSED Capac | ity 26                             |
|                 | Muscoda, Wi 53573                                   | LICENSED Date          | 09/15/2004        | From Age       | 0 Year(s), 0 Month(s), 1 Week(s)   |
| Category        | LICENSED GROUP                                      | Months                 | Jan-Dec           | To Age         | 5 Year(s), 11 Month(s), 0 Week(s)  |
| Facility ID     | 1008185   | Hours                  | 06:30 AM-04:00 PM | Star Level     | 5 Stars                            |
| Provider Number | 1000577931  | Location Number        | 002               | Otal Level     | o otaro                            |
| Facility Name   | SWTC KIDS TOWN USA CCC                              | Contact                | MCBEE, EMILY      | Full Time      | Y                                  |
|                 | 1800 Bronson Blvd                                   | Phone #                | 608-822-3262      |                |                                    |
| Address         | Fennimore, Wi 53809                                 | PHONE #                | 000-022-3202      | LICENSED Capac | ity 00                             |
|                 | ·   | LICENSED Date          | 06/24/1997        | From Age       | 0 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP                                      | Months                 | Jan-Dec           | To Age         | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 120638  | Hours                  | 07:00 AM-05:00 PM | Star Level     | 3 Stars                            |
| Provider Number | 1000559701  | <b>Location Number</b> | 001               |                |                                    |
|                 |   |                        |                   |                |                                    |

| Facility Name   | UW PLATTEVILLE CHILDRENS CENTER                | Contact                | SOJA, JULIE       | Full Time         | Υ                                  |
|-----------------|--|------------------------|-------------------|-------------------|------------------------------------|
| Address         | 1 University Plz<br>Platteville, Wi 53818-3001 | Phone #                | 608-342-1260      | LICENSED Capacity | 52                                 |
|                 | Tidatoriio, tri oco io coci                    | LICENSED Date          | 07/01/1997        | From Age          | 2 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP                                 | Months                 | Jan-Dec           | To Age            | 9 Year(s), 11 Month(s), 0 Week(s)  |
| Facility ID     | 120809   | Hours                  | 07:30 AM-05:00 PM | Star Level        | 5 Stars                            |
| Provider Number | 4000559624                                     | <b>Location Number</b> | 031               |                   |                                    |
| Facility Name   | UW PLATTEVILLE CHILDREN'S CENTER NW            | Contact                | SOJA, JULIE       | Full Time         | Υ                                  |
| Address         | 425 Broadway St<br>Platteville, Wi 53818-2830  | Phone #                | 608-342-1260      | LICENSED Capacity | 60                                 |
|                 | Flatteville, WI 53616-2630                     | LICENSED Date          | 09/01/2017        | From Age          | 4 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP                                 | Months                 | Jan-Dec           | To Age            | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 2003554  | Hours                  | 07:30 AM-05:30 PM | Star Level        | 2 Stars                            |
| Provider Number | 4000559624                                     | <b>Location Number</b> | 050               |                   |                                    |
| Facility Name   | UW PLATTEVILLE CHILDREN'S CENTER WV            | Contact                | SOJA, JULIE       | Full Time         | -                                  |
| Address         | 1201 W Camp St<br>Platteville, Wi 53818-1511   | Phone #                | 608-342-1260      | LICENSED Capacity | 40                                 |
|                 |  | LICENSED Date          | 09/01/2017        | From Age          | 5 Year(s), 0 Month(s), 0 Week(s)   |
| Category        | LICENSED GROUP                                 | Months                 | Jan-Dec           | To Age            | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID     | 2003551  | Hours                  | 07:30 AM-05:30 PM | Star Level        | 2 Stars                            |
| Provider Number | 4000559624                                     | <b>Location Number</b> | 049               |                   |                                    |